Report of Operations

| Applicant/Licensee Name | Tax ID Number | | | | | "As of" Date | | |
|--|--|--|--|----------------------|--|--------------|--|-----------------------|
| File this report at the time of initial registration application in Michigan, and each time there is a change in the state or country in which you operate. Report changes within 10 days of the effective date that the | Operates here Is ceasing operations here | | | | Obelstes hele Is coasing obelstions hele | | | |
| information changes. | | | | Alabama | | ▼ | | Nebraska |
| Using the appropriate column, place a check mark in the box to indicate state or country to which the information pertains. If report includes additional countries, please attach a sheet listing the country and the information. | | | | Alaska | | | | Nevada |
| | | | | Arizona | | | | New Hampshire |
| | | | | Arkansas | | | | New Jersey |
| PA 218 of 1956 as amended, requires various applicants and licensees to submit this report at the time of initial registration application, and within 10 days of the effective date of a change in this registration information. Failure to properly file this form may result in a compliance action. | | | | California | | | | New Mexico |
| | | | | Colorado | | | | New York |
| | | | | Connecticut | | | | North Carolina |
| | | | | Delaware | | | | North Dakota |
| | | | | District of Columbia | | | | Ohio |
| | | | | Florida | | | | Oklahoma |
| Return this completed report to: | | | | Georgia | | | | Oregon |
| OFIS Licensing PO Box 30220 Lansing MI 48909-7720 | | | | Guam | | | | Pennsylvania |
| | | | | Hawaii | | | | Puerto Rico |
| | | | | Idaho | | | | Rhode Island |
| | | | | Illinois | | | | South Carolina |
| | | | | Indiana | | | | South Dakota |
| | | | | lowa | | | | Tennessee |
| Certification | | | | Kansas | | | | Texas |
| I certify that the information given in this report is true, complete and correct to the best of my knowledge and belief. | | | | Kentucky | | | | Utah |
| | | | | Louisiana | | | | Vermont |
| Signature | | | | Maine | | | | Virgin Islands (U.S.) |
| | | | | Maryland | | | | Virginia |
| Date signed | | | | Massachusetts | | | | Washington |
| | | | | Michigan | | | | West Virginia |
| Signer's name and title (please type or print) | | | | Minnesota | | | | Wisconsin |
| | | | | Mississippi | | | | Wyoming |
| Signer's phone number with area code | | | | Missouri | | | | Canada |
| | | | | Montana | | | | |



Michigan Department of Labor & Economic Growth

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